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REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to: Mail Stop RCE Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

| Application Number | 09/878,302 | | |
|------------------------|-----------------------------|--|--|
| Filing Date | June 11, 2001 | | |
| First Named Inventor | Todd O. Bolken | | |
| Art Unit | 2813 | | |
| Examiner Name | J. Mitchell | | |
| Attorney Docket Number | 2269-4717US (00-0979.00/US) | | |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

| 1. | Sut | omissio | on required under 37 C.F.R. 1.114 | $\overline{)}$ | | | | | | |
|--|---|---|---|----------------|--|----------------------|-------|--|--|--|
| | a. Previously submitted i. Consider the amendment(s)/reply under 37 C.F.R. 1.116 previously filed on (Any unentered amendment(s) referred to above will be entered). ii. Consider the arguments in the Appeal Brief or Reply Brief previously filed on b. Enclosed | | | | | | | | | |
| | i. ii | = | nendment/Reply fidavit(s)/Declaration(s) | | | Disclosure Statement | (IDS) | | | |
| 2. | Miscellaneous | | | | | | | | | |
| | a. 🗌 b. 🔲 | a period ofmonths. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. 1.17(i) required) | | | | | | | | |
| 3. Fees The RCE fee under 37 C.F.R. 1.17(e) is required by 37 C.F.R. 1.114 when the RCE is filed. | | | | | | | | | | |
| | a. 🛚 | a. X The Director is hereby authorized to charge any deficiency in the following fees, or credit any overpayments, to Deposit Account No. 20-1469 | | | | | | | | |
| | i. RCE fee required under 37 C.F.R. 1.17(e) ii. Extension of time fee (37 C.F.R. 1.136 and 1.17) iii. Other b. Check in the amount of \$790.00 enclosed | | | | | | | | | |
| c. Payment by credit card (Form PTO-2038 enclosed WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | | | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED | | | | | | | | | | |
| Name (Print /Type) James R. Duzan | | Registration No. (Attorney/Agent) 28,393 | | 28,393 | | | | | | |
| Signature Lames R. Dunga | | Date | January 4, 2006 | | | | | | | |
| | CERTIFICATE OF MAILING | | | | | | | | | |

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